

**CIRCUIT COURT SUMMONS**

**GALLATIN, TENNESSEE**

**STATE OF TENNESSEE  
18TH JUDICIAL DISTRICT**

**COPY**

JOHNNY JONES

Plaintiffs

vs.

FILE NO. 83CE1-2009-CV-391

ALLSTATE INDEMNITY COMPANY

Defendants

**ALLSTATE INDEMNITY COMPANY**  
3075 Sanders Road, Suite H1a  
Northbrook, IL 60062-7119

**SERVE VIA COMMISSIONER OF INSURANCE**  
500 James Robertson Parkway  
Nashville, TN 37243

To the above named Defendant:

You are summoned to appear and defend a civil action filed against you in Circuit Court, Sumner County, Tennessee, and your defense must be made within thirty (30) days from the date this summons is served upon you. You are further directed to file your defense with the Clerk of the Court and send a copy to the Plaintiff's attorney at the address listed below.

In case of your failure to defend this action by the above date, judgment by default will be rendered against you for the relief demanded in the complaint.

ISSUED: April 9, 2009  
Teste: 4th Monday in February 2009

MAHAILIAH HUGHES

Circuit Court Clerk, Sumner County, Tennessee

By

Alley Barlett  
Deputy Clerk

ATTORNEY FOR PLAINTIFF  
or

Terrance E. McNabb, Esq.  
JAMES R. OMER & ASSOCIATES  
101 Church Street, Suite 400  
Nashville, TN 37201 615-255-5555

PLAINTIFF'S ADDRESS

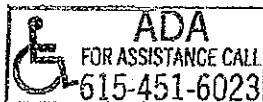
TO THE SHERIFF:

Please execute this summons and make your return hereon as provided by law.

MAHAILIAH HUGHES

Circuit Court Clerk

Received this summons for service this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



SHERIFF



4. The said policy provided, among other coverage, fire loss protection. On July 11, 2008, Plaintiff's residence suffered a fire loss. Plaintiff promptly provided a proof of loss to "Allstate", attached hereto as "Exhibit B".

5. On February 23, 2009, "Allstate" breached its contract and denied Plaintiff's claim and voided his policy. (See Allstate letter dated February 23, 2009 attached hereto as "Exhibit C").

"Allstate" cited as reasons the following alleged misrepresentations/concealment of material facts in his application for insurance coverage:

- a) rented rooms at all times;
- b) vicious dogs on premises;
- c) required repairs not made; and
- d) operating a commercial business at the risk  
that is in violation of underwriting practices

Said application is attached hereto "Exhibit D"

Plaintiff would show these are incorrect assertions and at the time of said application he made no misrepresentations/concealments of material fact with the intent to deceive and in any event these issues do not represent to the "Allstate" increases in risk of loss pursuant to T.C.A. §56-7-103.

6. "Allstate", by its actions above, breached the contract of insurance ("Exhibit A") by refusing to pay a valid fire loss claim in the amount of \$86,966.00. The reasons for doing so are meritless.

Plaintiff alleges at the time of his application, he was the only resident living at his home; he owned no dogs kept on the premises, did all requested repairs satisfactorily and

did not operate a commercial business from the insured premises. He is a wallpaper installer and keeps a cell phone, which is utilized as his office phone number while he is at home. Records of call and bills are kept at his home. This is the extent of his "business" done from his home. His home is his residence and not utilized for commercial purposes.

7. Alternatively, Plaintiff requests the court to enter this case for declaratory judgment pursuant to Rule 57, T.R.Civ.P. to determine the rights of the parties herein.

WHEREFORE, Plaintiff prays for judgment against Defendant Allstate Indemnity Company, for \$86,966.00 pre-judgment and post-judgment interest, attorney fees and all other damages as allowed by law.

Respectfully submitted,

JAMES R. OMER & ASSOC., PLLC

  
TERRANCE E. McNABB #2592  
Attorney for Plaintiffs  
101 Church Street, Suite 400  
Nashville, TN 37201  
615/255-5555

EXHIBIT "A"

Allstate Indemnity Company

**RENEWAL**  
**Manufactured Home**  
**Policy Declarations**

*Summary*

<b>NAMED INSURED(S)</b> Johnny Jones 1212 Slaters Creek R. Goodlettsville TN 37072-8912	<b>YOUR ALLSTATE AGENT IS:</b> Tina R Mowatt 119 Stadium Drive Hendersonville TN 37075	<b>CONTACT YOUR AGENT AT:</b> (615) 822-2215 (615) 822-6300
<b>POLICY NUMBER</b> 9 55 208539 0210	<b>POLICY PERIOD</b> Begins on Feb. 10, 2008 at 12:01 A.M. standard time, with no fixed date of expiration	<b>PREMIUM PERIOD</b> Feb. 10, 2008 to Feb. 10, 2009 at 12:01 A.M. standard time
<b>LOCATION OF PROPERTY INSURED</b> 1212 Slaters Creek R. Goodlettsville, TN 37072-8912		
<b>INSURED MANUFACTURED HOME</b>		
<b>MANUFACTURER</b> - KENT	<b>SERIAL NO.</b> - KT7048	<b>YEAR</b> - 1976

*Total Premium for the Premium Period (Your bill will be mailed separately)*

Premium for Property Insured	\$632.28
<b>TOTAL</b>	<b>\$632.28</b>

PRGP \*510004/071176000190702\*



Informational use of  
document only. 2007

Page 1  
1402/1403

NO 0040 P 9

APR 30 2009 2:49PM



PAGE 11/28 \* RCVD AT 4/30/2009 2:55:35 PM (Central Daylight Time) \* SVR:hy(0000B3 \* DNS:57669 \* CSID: \* DURATION (mm-ss):03:45  
Allstate Indemnity Company  
Policy Number 855 208538 02/10 Your Agent Tina R Mowatt (615) 822-2215  
For Premium Period Beginning Feb. 10, 2005

### Your Policy Documents

Your Manufactured Home policy consists of this Policy Declarations and the documents listed below. Please keep these together.

- Manufactured Home Policy form AS74
- Actual Cash Value Endorsement form AS79
- TN Amendatory Endorsement form AS124
- Loss Payable Clause form AU263

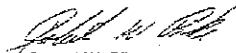
### Important Payment and Coverage Information

Please note: This is not a request for payment. Your bill will be mailed separately.

IN WITNESS WHEREOF, Allstate Indemnity Company has caused this policy to be signed by two of its officers at Northbrook, Illinois, and if required by state law this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Allstate Indemnity Company.



Edward J. Dixon  
President



Robert W. Pike  
Secretary

990P \*310901107122753006180702\*



Information as of  
December 31, 2007

Page 3  
TN022F355

NO. 0040 P 11

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## Important Notice

### Your property is covered on an actual cash value basis

We'd like to remind you that your policy provides actual cash value coverage. So if you experience a covered loss, we will pay for a loss to your covered property on an actual cash value basis meaning there may be a deduction for depreciation.

The estimated cash value for your property is the estimated limit assigned to your policy when it was first written, and was based on data that was available to us at the time the estimate was made. This includes dwelling details such as the interior and exterior of each room, additional structures, heating and cooling, as well as additional options. Keep in mind, however, the actual amount it will cost to repair or replace your property cannot be known until after a covered total loss has occurred.

More information about the characteristics that were used in this estimate are provided below:

#### Dwelling:

M-MH Multi-Wide  
 1 Story  
 Year Built 1976  
 Living Area 1200 sq. ft.  
 Pier Foundation 100 %  
 Exterior -- Doors, Patio (1)  
     Skirting, Horizontal Vinyl 100 %  
     Steps Back Door (1)  
     Steps Front Door (1)

#### Interior:

Wall Coverings -- Seamed Drywall Finish 100 %  
 Ceilings -- Drywall 100 %  
 Flooring -- Wall to Wall Carpet (acrylic/nylon) 75 %  
     Ceramic Tile 25 %  
 Interior -- Kitchen - Basic (1)  
     Full Bath - Basic (1)

#### Exterior:

Exterior Walls -- Metal Siding Horizontal 100 %  
 Roofing -- Asphalt/Fiberglass Shingle 100 %

#### Additional Structures:

Attached Structures -- Wood Deck 500 sq. ft.

#### Heating and Cooling:

Heating & Cooling -- Central Air Conditioning - Avg Cost 100 %

Policy Number: 9 55 206539 02/10      Your Agent: Tina R Mowatt (615) 822-2215  
For Premium Period Beginning: Feb. 10 2008

X67678

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Page 5  
T22032F20

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EXHIBIT "B"

APR 30 2009 2:49PM

NO 0040 P 14

☐ ALLSTATE INSURANCE  
☒ ALLSTATE INDEMNITY COMPANY  
☐ NORTHBROOK PROPERTY AND CASUALTY INSURANCE COMPANY  
☐ NORTHBROOK INDEMNITY COMPANY  
☐ NORTHBROOK NATIONAL INSURANCE COMPANY

Policy No. 955208539

Claim No. 0113979801

To the Allstate Ins. COMPANY Northbrook Illinois

At time of loss, by the above indicated policy of insurance you insured

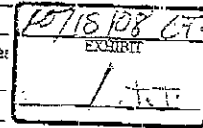
Johnny Jones

INSURED'S NAME

against loss by FIRE to the property described under Schedule "A" according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A FIRE loss occurred about the hour of 21:43 o'clock --- M. on the 11 day of JULY 20 08. The cause and origin of the said loss were: FIRE

2. Occupancy: The building described or containing the property described was occupied at the time of the loss as follows and for no other purpose whatever: Personal Residence



3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Johnny Jones. No other person or person had any interest herein or encumbrance thereon, except: Larry Parchman + Regent Bank

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: Carrie Trotter  
Lived in Back Room

5. Total Insurance: The total amount of insurance upon the property described by this policy was at the time of the loss \$86,966 as more particularly specified in the apportionment attached under Schedule "C" besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. The Actual Cash Value of said property at the time of the loss was \$ 60000

7. The Whole Loss and Damage was \$ 86,966.00

8. The Amount Claimed under the above numbered policy is \$ 86,966

The said loss did not originate by any act, design or procurement on the part of this insured or this affiant; nothing has been done by or with the privity or consent of the insured or this affiant, to violate the conditions of the policy or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

"IT IS A CRIME TO KNOWINGLY FURNISH INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DECEIVING IT. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

State of Tennessee

County of Williamson

Subscribed and sworn to before me on this 11 day of August 2008

Johnny Jones Insured

Johnny Jones Insured

Johnny Jones Insured



NO 0040 P 15

APR 30 2009 2:49PM

	ACTUAL CASH VALUE	LOSS AND DAMAGE
1 Dwellings	59600	59600
2 Contents	29000	24000
David Hume Has Itemized List		
Totals:		

POLICY NO	EXPIRES	NAME OF COMPANY	ITEM NO.		ITEM NO.	
			INSURES	PAYS	INSURES	PAYS
Totals:			15	0	1	

ON OF PAYMENT

The undersigned hereby acknowledges that the repair or replacement of the loss and damage resulting from \_\_\_\_\_  
which occurred on or about the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ has been made to his entire  
satisfaction and agrees that the payment of the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_ )  
by the \_\_\_\_\_ Company of Northbrook, Illinois, to \_\_\_\_\_  
shall constitute a full performance of the obligations of the insurer under its policy  
In consideration of such Payment the \_\_\_\_\_ company is hereby discharged and forever released from  
any and all claims and demands under its policy No \_\_\_\_\_ resulting from the occurrence of the loss above  
described  
Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ State of \_\_\_\_\_

at \_\_\_\_\_

2014

STATE OF NEW YORK  
COUNTY OF ALBANY  
JAN 14 2014  
MORTGAGE

EXHIBIT "C"

Allstate

PAGE 18/28 \* RCVD AT 4/30/2009 2:55:35 PM (Central Daylight Time) \* SVR:HY/000007 \* DNIS:57669 \* CSID: \* DURATION (mm:ss):03:45

ALLSTATE INDEMNITY COMPANY  
1819 ELECTRIC ROAD  
ROANOKE, VIRGINIA 24018

Date: February 23, 2009

JOHNNY JONES  
C/O TERRANCE MCNABB, ESQUIRE  
101 CHURCH ST SUITE 400  
NASHVILLE TN 37201

Location Of Property: 1212 SLATERS CREEK R GOODLETTSVILLE TN 37072-8912

Dear Mr Jones:

Please be advised that the Allstate Indemnity Company policy issued as policy number 955 208 539 is declared void as of February 10, 2007 because our investigation has revealed the following:

Misrepresentation/concealment of material facts stated in your application. Your application stated that there was only one adult occupant in the home. Our investigation revealed that you rented room(s) at all times. Your application also stated that there were no dogs on premises.

Our investigation revealed there were two vicious dogs in your possession at the time of application. Allstate notified you that certain repairs were required prior to acceptance of this risk. Our investigation revealed that these repairs were not completed as you previously indicated. Had this information been revealed, a policy would not have been written or issued.

Our claim investigation also revealed that you operated a commercial business at the risk that is in violation of underwriting practices.

NO 0040 P 18 3-22-09

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PAGE 19/28 : RCVD AT 4/30/2009 2:55:35 PM [Central Daylight Time] : SVR:hy(00000000) : DMS:57669 : CSID: : DURATION (mm:ss):03:45

This means that you are without insurance protection, and the Allstate Indemnity Company will not be liable for any claims or damages under this voided policy.

Sincerely,

Voidtr1/mm

cc: LARRY PARCHMAN  
145 BREEDER RD  
PORTLAND IN 37148-4702

cc: JOHNNY JONES  
1212 SLATERS CREEK R  
GOODLETTSVILLE TN 37072-8912



EXHIBIT "D"



ALLSTATE INDEMNITY COMPANY  
MANUFACTURED HOME POLICY  
TENNESSEE

Home Office  
Northbrook, IL  
Applicant Name: JOHNNY JONES  
Address : 1212 SLATERS CREEK R  
City : GOODLETTSVILLE  
Home Phone No.: 615-851-7231  
Application No. 000078703636504  
St.: TN Zip Code: 37072  
County: SUMNER

LOCATION OF PROPERTY : SAME

POLICY DISTRIBUTION/BILLING  
Policy sent to: INSURED

MORTGAGEE/THIRD PARTY INFORMATION

Loss Payable Clause  
Name : LARRY PARCHMAN  
Address: 145 BREEDER RD  
City : PORTLAND  
Directory Code:  
St : TN Zip Code: 37148

ADDITIONAL INSURED INFORMATION : NONE

ADULT OCCUPANTS

OCC.	OCCUPANT	SOCIAL RELATION	BIRTH	MARITAL
NO.	NAME	SEC NO. TO INS.	DATE	SEX STATUS OCCUPATION
1	JOHNNY JONES	XXX-XX-0097	SA 12/18/1957	M SI SE COMMERCIAL WALL

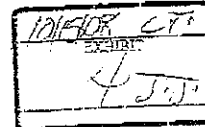
CHILDREN IN HOUSEHOLD : NONE

Total number of residents in household including children: 1

HOUSEHOLD INFORMATION

Date applicant moved into present residence: 01/1995  
Is the residence regularly unoccupied during the day or evening by all adult occupants in the household?: NO  
Number of dogs on premises: NONE

POLICY TYPE - ACTUAL CASH VALUE (ACV) A deduction for depreciation may be applied to a covered loss





ALLSTATE INDEMNITY COMPANY  
MANUFACTURED HOME POLICY  
TENNESSEE

Home Office  
Northbrook, IL

Application No. 000078703835604

LOCATION OF PROPERTY

County: SUMNER Territorial Zone: 002  
Primary Responding Fire Dept.: GOODLETTSVILLE  
Is the property located within the city, T.S. or F.D.? YES  
Miles to Fire Department: 1 Feet to Fire Hydrant: 500  
Subscription Fire Dept.: NO  
ADJUSTED PER RULE 4C/5D: NO TOWN CLASS RATING: 0005  
Is Manufactured Home Located in a Flood Plain or Zone?: NO  
Is Manufactured Home Located Within 1000 Feet of a Tidal Water Area?: NO

COVERAGES

The premium stated below reflects the applicable loss deductibles listed under the section titled "Loss Deductibles Applied".

SECTION I COVERAGES	LIMITS	PREMIUM
Dwelling Protection	ACV	\$0
Other Structures Protection	\$5798	INCL
Personal Property Protection	\$28989	INCL

SECTION I OPTIONAL/INCREASED COVERAGES SELECTED

NONE  
Actual Cash Value  
(Dwelling, Other Structures & Personal Property Protection) INCL

SECTION II COVERAGES

Family Liability Protection - each occurrence	\$100000	INCL
Guest Medical Protection - each person	\$1000	INCL

SECTION III OPTIONAL COVERAGES/INCREASED COVERAGES APPLIED

NONE

S.P.P. COVERAGES SELECTED

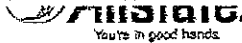
Please attach appraisals.

S.P.P. DEDUCTIBLE: *12/18/2008*

LOSS DEDUCTIBLES APPLIED

The following loss deductibles apply as specified below

All Peril	\$1000
-----------	--------



ALLSTATE INDEMNITY COMPANY  
MANUFACTURED HOME POLICY  
TENNESSEE

Home Office  
Northbrook IL

Application No 000078703635604

DISCOUNTS APPLIED

The following discounts have been applied to reduce your insurance premium.  
Multiple Policy

VALUE OF PERSONAL PROPERTY - APPROXIMATE VALUE OF PERSONAL PROPERTY IN THE FOLLOWING CATEGORIES: (Note: The values listed are not an indication of amount of coverage. You must purchase increased protection for items in these categories over the dollar amounts specified in the policy in order to extend the Personal Property Protection Coverage. See the policy for the coverage limits on these items and see above under the section titled "Section III Optional Coverages/Increased Coverages Applied" for your specific increased limits.)

Jewelry:	Watches:	Furs:
Silverware:	Cameras:	Stereo:

PREMIUM INFORMATION

Total Estimated Annual Policy Premium	\$ 624.23
Amount Paid	\$ 52.69

ESTIMATOR

Residential Component Technology(tm)

RCT Cost Date: 11/15/2006  
Estimated Replacement Cost \$57,977

Note: The "Estimated Replacement Cost" above provides an estimate of the replacement cost for a new manufactured home. This is not your policy limit. If you have selected the Actual Cash Value endorsement, depreciation will be a factor taken into consideration to develop your premium. In the event of a covered loss, there may be a deduction for depreciation applied to any payment we make.

Detached Structure Cost: 37072  
Zip Code: M-MH Multi-Wide, 1 Story  
Style/Number of Stories: 1975  
Year Built: 1  
No. of Families:

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PAGE 84/85

PAYNE MCWATT

61582225419 12:44 87/19/2008

NO 0040 P 23

APR 30 2009 2:50PM

Application No. 000078703835504

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ALLSTATE INDEMNITY COMPANY  
MANUFACTURED HOME POLICY  
TENNESSEE

Home Office  
Northbrook IL

Application No. 000078703835504

Heat and Air Conditioning: 100 % Central Air Conditioning - Avg Cost  
Skirting: 100 % Skirting, Horizontal Vinyl  
Wall Coverings: 100 % Seamed Drywall Finish  
Ceilings & Partitions: 100 % Ceiling Drywall  
Exterior Features: 1 Doors, Patio  
1 Steps, Back Door  
1 Steps, Front Door  
Interior Features: None

Residential Component Technology(Lm) and RCT(tm)  
are trademarks of Marshall & Swift / Boeckh.

MANUFACTURED HOME INFORMATION

Model Year: 1976 Manufacturer: Serial Number:  
Length : 60 FEET Width: 20 FEET  
Month/Year Purchased: 1 / 1995  
Is Unit in a Park?: NO Land Owned/Rented by Applicant: OWNED  
Is Unit on Concrete Pad? : NO Tie Downs: CHASSIS  
Is Unit Fully Skirted? : YES  
Is Unit a Travel Trailer? : NO Who Lives in Manufactured Home?: OWNER  
Number of Families : 1 Unit Residence: PRIMARY  
Is Unit used Exclusively for Residential Purposes?: YES

Insured: JOHNNY JONES Pol. No.: 955208539 02/10  
Home: ( 615 ) 851 - 7221 \*MANUFACTURED HOME ITEM INFO\*

Model Year : 1976 Manufacturer: KENT Serial No: KI7048  
Limited Vacancy: NO Class : 2041210  
Earthquake Zone: Rate Class : OWNER OCCUPIED Tie Down : YES  
Multiwide : Length : 60 Width : 20  
Spaces in Park : 0000 Age Group : Times Renewed : 1  
Orig Owner Disc: NO

Location of Property:

*updated from inspection*

FORMS:  
LOSS PAYABLE CLAUSE

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252-2  
50/50 05/05

PAVNE MOWATT

6158229419 13:44 07/18/2008

APR 0040 P 25

APR 30 2009 2:50PM



ALLSTATE INSURANCE COMPANY  
MANUFACTURED HOME POLICY  
TENNESSEE

IN OFFICE  
Orthodox, IL

Application No. 000678703836504

SELECTIVE DEVICES INSTALLED  
Smoke Detector (each floor)  
Fire Extinguisher

Garage(s) Located (off exterior doors)

Applicant's Initials *MS*

IS THE MANUFACTURED HOME RENOVATED, REBUILT OR RELOCATED? NO  
 IS THE INSURED HOME A "SITEDOWN" OR "MOBILE" HEATING SOURCE  
 EXCLUDING "TRAILERS"? NO  
 DOES UNIT HAVE A FIREPLACE? NO  
 IS THERE ONLY ONE HEATING UNIT IN THE MANUFACTURED HOME? YES  
 IS THE MANUFACTURED HOME FACTORY BUILT? YES  
 IS THE MANUFACTURED HOME TO BE INSURED LOCATED ON A FARM? NO  
 ARE ANY NONRESIDENTIAL PROPERTIES, CHURCHES, STORES, GAS  
 STATIONS, ETC. WITHIN 40 FEET OF THE PROPERTY TO BE INSURED? NO  
 ARE THERE ANY STORE, BUSINESS, OR PROFESSIONAL ACTIVITY IN THE  
 MANUFACTURED HOME? NO  
 IS UNATTACHED BUILDING STRUCTURES INCLUDING GARAGE, OR PORCHES? NO  
 IS THE MANUFACTURED HOME VACANT OR UNOCCUPIED FOR MORE THAN 30 DAYS? NO  
 DOES MANUFACTURED HOME TRAVEL MORE THAN 30 DAYS PER YEAR? NO

PREVIOUS RESIDENCE (including losses at present and prior residences)  
 DESCRIPTION DATE AMOUNT

FOR PROPERTY INSURANCE

Company Name: FOREMOST  
 Policy No. 1000645875512

Expiration Date: 03/01/2007  
 Years Insured: 10

Does this apply to or pertain to the same property, location insured by the  
 prior carrier? YES  
 Has the last 3 years ever been renewed, time lapsed or nonrenewed  
 Is the coverage similar to the coverage applied for on this application? NO

FOR ALLSTATE POLICIES (CRUISE, ETC.)

Policy No. 00007001017354 Expiration Date 02-02 Line 10 Relationship: AT

PERMITS: NONE



ALLSTATE INDEMNITY COMPANY  
MANUFACTURED HOME POLICY  
TENNESSEE

Home Office  
Northbrook, IL

Application No 000078703836504

NOTICE: As part of Allstate's underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Any insurance bound is limited to a period of 60 days from its effective date and expires on the last day of such limited period. The Company may sooner terminate such insurance by mailing to the applicant, at the address herein given, written notice of rejection of this application. Such termination shall be effective at the earlier of A) THE DATE AND TIME INDICATED ON THE TERMINATION NOTICE OR B) AS OF THE TIME APPLICANT SECURES OTHER INSURANCE COVERING LOSS TO THE PROPERTY. Upon such expiration or termination, any refund due may be tendered or paid by check of the Company or its Agent, and if not then as soon as practicable thereafter.

Any insurance bound hereunder shall otherwise be subject in all respects to the terms and conditions of the regular policy forms of the Company at present in use and to the statements in this application. Any insurance is bound only for such items, coverages, form of protection and limits of liability as are indicated on the face hereof, and only these additional forms of protection are bound for which a premium is indicated.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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PAGE 08/08/09

PAYEE MOWAIT

07/18/2008 12:44 5182829419

NO 0040 P 27

APR 30 2009 2:51PM





WESTERN UNION TELEPHONE COMPANY  
NATIONAL ASSOCIATED HOME POLICE  
TELEPHONE

1980年6月  
 中国科学院图书馆藏

Copy location No 000078703635604

1. I have read the instructions on the statements in this application and agree to the terms and conditions of the policy authorized for the Company's insurance in the application. The policy listed above since the insurance applied for is:



DATE: 08/09/2007  
TIME: 08:20

that both A and B know; the statements made by me in this application are  
true and correct. I hereby, in the foregoing, do issue the insurance  
policy for the reasons that I hereby do, and receive the premium shown in  
the statements made hereto; the notary hereby attests.

Applicant's Signature 2-9-2007  
Date

I have inspected the premises

Tina Mowatt  
(Agent Name)

 Agent's Signature	092779 Number	C9A Location Code
 Producer's Signature		

2011-5

2000 1000 500 0

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LEWIS ENGL

07/16/2008 12:44 6158229419

NO 0040 P 28

APR-30 2009 2:51PM

555 Marriott Dr, Suite 850  
Nashville, TN 37214  
800-829-0414 ext. 6528

facsimile transmittal

To: Amy Walker Fax: 866-485-1314  
From: Amy Walker Date: April 30, 2009  
Re: New suit  
CC: Claim # 0113979801 Jones  
Urgent For Review ☐ Please Comment Please Reply ☐ Please Recycle

Amy Walker  
Allstate Insurance Co.  
615-884-6528  
Fax: 866-485-1314  
awaag@allstate.com

NO 0046 P 1

APR 30 2009 2:48PM



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1131

April 23, 2009

Allstate Indemnity Company  
800 S. Gay Street, Ste 2021 % C T Corp.  
Knoxville TN 37929-9710  
NAIC # 19240

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
7008 1830 0000 6982 7465  
Cashier # 2669

Re: Johnny Jones V Allstate Indemnity Company

Docket # 83CCI-2009-CV-391

To Whom It May Concern:

We are enclosing herewith a document that has been served on this department on your behalf in connection with the above-styled matter.

I hereby make oath that the attached Breach Of Contract Complaint was served on me on April 21, 2009 by Johnny Jones pursuant to Tenn. Code Ann. § 56-2-504 or § 56-2-506. A copy of this document is being sent to the Circuit Court of Sumner County TN.

Brenda C. Meade  
Designated Agent  
Service of Process

Enclosures

cc: Circuit Court Clerk  
Sumner County  
P O Box 549  
Gallatin Tn 37066

Service of Process 615 532 5260

NO 0040 P 3

APR 30 2009 2:48PM



**Service of Process  
Transmittal**

04/29/2009

CT Log Number 514790607



**TO:** Kim Turner  
Allstate Insurance Company - Nashville MCO  
555 Marriott Drive, Suite 850  
Nashville, TN 37214

**RE:** **Process Served in Tennessee**

**FOR:** ALLSTATE INDEMNITY COMPANY (Domestic State: IL)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** Johnny Jones, Pltf vs. Allstate Indemnity Company, Dft.

**DOCUMENT(S) SERVED:** Letter, Summons, Return Form, Complaint, Exhibits

**COURT/AGENCY:** Sumner County Circuit Court, TN  
Case # 83CCJ2009CV39

**NATURE OF ACTION:** Insurance Litigation - Breach of contract for denial of claim and void of policy

**ON WHOM PROCESS WAS SERVED:** C T Corporation System, Knoxville, TN

**DATE AND HOUR OF SERVICE:** By Certified Mail on 04/29/2009 postmarked on 04/27/2009

**APPEARANCE OR ANSWER DUE:** Within 30 days from the date this summons is served upon you

**ATTORNEY(S) / SENDER(S):** Terrance E. McNabb  
James R. Omer & Associates  
101 Church Street  
Suite 400  
Nashville, TN 37201  
615-255-5555

**REMARKS:** Process served/received by the Insurance Commissioner on 04/21/2009, and mailed to CT Corporation System on 04/29/2009.

**ACTION ITEMS:** SOP Papers with Transmittal, via Fed Ex Priority Overnight : 791993945039  
Email Notification Patti Gariti pgariti@allstate.com

**SIGNED:** C T Corporation System

**ADDRESS:** 800 S. Gay Street  
Suite 0221  
Knoxville, TN 37929-9710

**TELEPHONE:** 865-342-3522

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Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

**RECEIVED**  
APR 30 2009

NO 0040 P 2

APR 30 2009 2:48PM